

PTO/SB/01 (04-03)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 023070-087910US						
<p>I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, fax No. 703-872-9307 on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>		<p>In re Application of ROSE et al.</p> <table border="1"> <tr> <td>Application Number 09/832,510</td> <td>Filed April 10, 2001</td> </tr> <tr> <td colspan="2">For ANTIGENIC EPITOPEs WITH LYM-1 REACTIVITY AND USES THEREOF</td> </tr> <tr> <td>Art Unit 1642</td> <td>Examiner Huff, Sheila Jitendra</td> </tr> </table>	Application Number 09/832,510	Filed April 10, 2001	For ANTIGENIC EPITOPEs WITH LYM-1 REACTIVITY AND USES THEREOF		Art Unit 1642	Examiner Huff, Sheila Jitendra
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$330.						
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$165.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-1430. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86) <input checked="" type="checkbox"/> attorney or agent of record. Registration number 35,551 <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number _____ acting under 37 CFR 1.34(a) _____</p> <p> Signature <u>Laurence J. Hyman</u> Typed or printed name <u>415/576-0300</u> Telephone number <u>10/27/03</u> Date</p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								

FEE VALUE ACCOUNTABILITY	
DEPOSIT ACCOUNT NO. _____	
Fee Code	Value Furnished
	765

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